

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 286336.153US1/NOR-014CP4	
Application Number                      10/749,122-Conf. #3280		Filed                      December 30, 2003	
For     DISEASE PREVENTION BY REACTIVATION OF THE THYMUS			
Art Unit                      1632		Examiner                      D. A. Montanari	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$130	<u>Small Entity Fee</u> \$65     \$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245     \$ <u>245.00</u>
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555     \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865     \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175     \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0219</u> . <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,523</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34     _____			
<u>/Ann-Louise Kerner, Ph.D./</u> Signature		<u>November 24, 2008</u> Date	
<u>Ann-Louise Kerner, Ph.D.</u> Typed or printed name		<u>(617) 526-6000</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: November 24, 2008	Electronic Signature for Rochelle Capobianco: /Rochelle Capobianco/